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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	10/707,184
		Filing Date	Nov 25, 2003
		First Named Inventor	Kazlas, Peter T.
		Art Unit	2823
		Examiner Name	Nguyen, Khiem D.
Total Number of Pages in This Submission	34	Attorney Docket Number	H-360

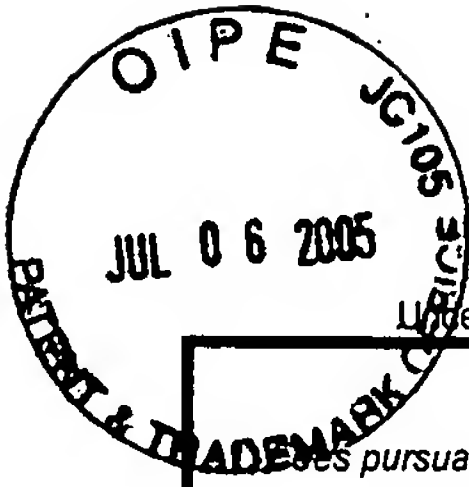
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
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<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	References B1, B12, C1-C3, C5-C6, C8, C10, C12, C15-C21, C24, C27, C31, C35-C36, and C38
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name			
Signature	<i>David J. Cole</i>		
Printed name	David J. Cole		
Date	June 30, 2005	Reg. No.	29629

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature	<i>David J. Cole</i>		
Typed or printed name	David J. Cole	Date	June 30, 2005

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<b>Effective on 12/8/2004.</b> Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>		
		Application Number	10/707,184	
		Filing Date	11/25/2003	
		First Named Inventor	Kazlas, et al.	
		Examiner Name	Nguyen, Khiem D.	
<input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Art Unit	2823	
TOTAL AMOUNT OF PAYMENT (\$)		180.00	Attorney Docket No.	H-360

**METHOD OF PAYMENT** (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: 501162 Deposit Account Name: E Ink
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- ☒ Charge fee(s) indicated below ☐ Charges fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
0	- 20 or HP = 0	x \$25.00	= \$ 0.00			
HP = highest number of total claims paid for, if greater than 20				\$180.00		

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
0	- 3 or HP = 0	x \$100.00	= \$ 0.00
HP = highest number of independent claims paid for, if greater than 3			

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	- 100 = 0	/ 50 = 0 (round up to a whole number)	x \$125.00	= \$ 0.00

**4. OTHER FEE(S)**

Non-English Specification,	\$130 fee (no small entity discount)	
Other:	Fee Code 1806: Submission of an Information Disclosure Statement	180.00

**SUBMITTED BY**

Signature	<u>David J. Cole</u>	Registration No. 29629 (Attorney/Agent)	Telephone (617) 499 6069
Name (Print/Type)	David J. Cole		Date

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